MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** 1" AMENDMENT 2 [™] AMENDMENT I" AMENDMENT 2 ™ AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEF TOTAL DEP CLAIMS

PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE